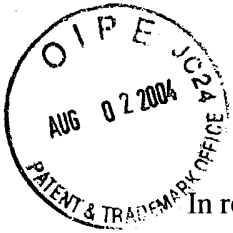


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AUG 9 - 2004

GROUP 3600 PATENT



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of Steve O'Halloran

Serial No.: 09/886,687

Group Art Unit: 3627

Filed: 06/21/2001

Examiner: Joseph A. Fischetti

For: SOFTWARE AND HARDWARE COMPONENT AUDIT AND INVENTORY
MANAGEMENT SYSTEM

Docket: GWL.36054

PEARNE & GORDON
Ohio Savings Building
12th Floor
1801 East 9th Street
Cleveland, OH 44114
Telephone: (216) 579-1700
Facsimile: (216) 579-6073
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Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE TO RESTRICTION REQUIREMENT TRANSMITTAL

1. Transmitted herewith is a response for this application.

STATUS

2. Applicant is

XX a small entity

_____ other than a small entity.

CERTIFICATE OF MAILING (37 CFR 1.8a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

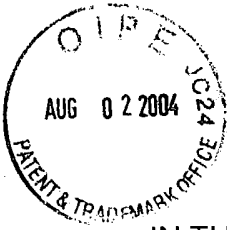
Ellen M. Grzelak

(Type or print name of person mailing paper)

Date: 01/29/2004

Ellen M. Grzelak

(Signature of person mailing paper)



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/886,687
Applicant : Steve O'Halloran
Filed : 06/21/2001
Art Unit : 3627
Examiner: Joseph A. Fischetti
Docket No. : GWL.36054
Customer No.: 00116

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AUG 9 - 2004
GROUP 3600

Mail Stop Amendments
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE TO RESTRICTION REQUIREMENT

Dear Sir:

In response to the Office action dated June 29, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 9 of this paper.

I hereby certify that this correspondence (along with any referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as first class mail addressed to the Assistant Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the dated indicated below.

Date: 01/29/2004 By: Jellison Gyzelch

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37CFR 1.136 apply.

(complete (a) or (b) as applicable)

(a) _____ Applicant petitions for an extension of time for the total number of months checked below:

Extension (months)	Fee for other than small entity	Fee for small entity
_____ one month	\$ 110.00	\$ 55.00
_____ two months	420.00	210.00
_____ three months	950.00	475.00
_____ four months	1,480.00	740.00

Fee \$ _____

If an additional extension of time is required please consider this a petition therefor.

(check and complete the next item, if applicable)

_____ An extension for _____ months has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____

OR

(b) XX Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	Small Entity	Other than a Small Entity
Claims Remaining	Highest No.	Present	Addit.	Addit.
After Amendment	Previously	EXTRA Paid for	Rate Fee	Rate Fee
TOTAL 32 MINUS 32	0 x 9 = \$0	x 18 =		\$-0-
INDEP. 6 MINUS 6 =	0 x 43 = \$0	x 86 =		\$-0-
First Presentation of Multiple Dep. Claim	x 145 = \$	x 290 =		\$-0-
	Total \$	or Total		\$-0-

* If the Highest No. Previously Paid for in this space is less than 20, enter "20".

** If the Highest No. Previously Paid for in this space is less than 3, enter "3".

c) XX No additional claim fee is required

OR

(d) _____ Total additional claim fee required \$ _____

FEE PAYMENT

5. _____ Attached is a check in the sumount of \$ _____ as payment.
_____ Charge Account No.16,0820 in the sum of \$ _____

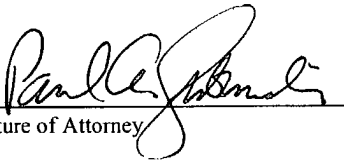
Fee Deficiency

6. XX If any additional extension and/or fee is required, this is the request therefor and to charge Account No. 16,0820 our order no. GWL.36054.

And/Or

XX If any additional fee for claims is required, charge Account No. 16,0830, our order no. GWL.36054.

Reg. No.: 34,429


Signature of Attorney

1/29/04

Tel. No.: (216) 579-1700

Fax No.: (216) 579-6073

Paul A. Serbinowski

Type or Print Name of Attorney